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November 10, 2015

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
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SUBJECT: **EARLY CHILDHOOD OBESITY PREVENTION (FIRST 5 LA) GRANT
UPDATE**

This is in response to the September 18, 2012 Board motion instructing the Department of Public Health (DPH) to provide annual updates for the First 5 LA Early Childhood Obesity Prevention Initiative (ECOPI). This update covers the third year of the grant (Year 3), spanning July 1, 2014 – June 30, 2015, and includes information on results, data outcomes, and lessons learned for each project goal, as well as next steps to ensure continued progress.

Background

DPH was awarded a four-year, \$41.2 million grant from First 5 Los Angeles in 2012, with the goal of reducing the prevalence of overweight and obesity among children 0-5 years of age and their families. In April 2015, DPH was awarded a one year no-cost extension from the First 5 LA Commission in part to increase the reach and impact of its programs. ECOPI brings together a broad range of partners to implement community-based public education, skills-building, and environmental change to promote physical activity and healthy eating among the nearly one million Los Angeles County children ages 0-5 and their families. Services are being provided in all Service Planning Areas, with priority given to communities that have childhood obesity rates that exceed the county average, including First 5 LA's fourteen "Best Start" communities.

The initiative is being led by the Division of Chronic Disease and Injury Prevention (DCDIP) in collaboration with Maternal, Child and Adolescent Health Programs (MCAH) and includes activities in the following three focus areas:

- Child care settings (Choose Health LA Child Care): DPH is working with contracted partners to improve nutrition and physical activity environments in child care settings through the establishment of policies and targeted practices. The Choose Health LA Child Care training curriculum increases child care providers' knowledge about nutrition and physical activity, focuses on policy development and implementation, and promotes changes in diet and physical activity patterns among children in child care.
- Community interventions (Choose Health LA Kids): DPH is implementing an intensive public education and skills-building intervention supported by environmental change that expands current efforts to promote healthy eating and physical activity in communities

across the County. Key partners in these efforts include community agencies, medical care providers, grocery stores, and restaurants. Choose Health LA Kids activities leverage other grant-funded efforts, including DCDIP's Diabetes Prevention grant and Nutrition Education and Obesity Prevention (NEOP) grant.

- **Interconception Care (Choose Health LA Moms):** DPH is addressing overweight and obesity during the interconception period, the time between the end of one pregnancy and the beginning of the next. Resources and individual support will be provided through the Choose Health LA Moms program to new mothers to promote breastfeeding, physical activity, and water consumption. Resources will be incorporated into curricula for use by community-based organizations and health plans, and will be available online and through digital media (texting).

Goals and Progress

The following section describes the initiative's eight goals, Year 3 results, outcomes, and lessons learned.

Goal #1: Provide nutrition and physical activity education and resources to families with children 0-5 in at least 20 cities and/or unincorporated communities with childhood obesity rates above the county average through partnerships with the Department of Children and Family Services (DCFS), other county departments and public agencies, and community and faith-based organizations.

Year 3 Results: DPH executed contracts with 20 community service providers to deliver nutrition and physical activity education and resources to families with children 0-5. A total of 117 communities and cities located across all eight SPAs have been targeted for services. All contracted agencies completed 5 trainings in Year 3, provided by DPH staff and have participated in 4 regional sharing forums with fellow contractors. Contracted agencies used existing relationships with community partners such as early childhood education centers, preschools, and Head Starts to promote and recruit parents for grocery store tours and food demonstrations. Many of them also developed new relationships with organizations their agencies have never worked with before such as libraries, hospital programs, and local, city-based health coalitions.

Community resource guides were developed using information from the community needs assessments. These guides are updated twice a year and are disseminated in the targeted communities. DPH staff developed a parent nutrition education and skills-building workshop curriculum that was implemented by the contracted agencies starting July 2015.

Several contracted agencies collaborated with DPH's Nutrition and Physical Activity Program, specifically the Retail Program, on policy, systems, and environmental changes in the retail environment. Those whose parent collaborative chose retail as their policy focus received technical assistance on how to work with grocery stores, sharing best practices and making introductions to grocery store corporate level representatives. In addition, the Retail Program and the contracted agencies conducted grocery store tours on the same day to enhance each other's activities. CHLA Kids has continued to work with the Department of Children and Family

Services (DCFS) by hosting the DPH-DCFS Obesity Workgroup and hosting two trainings with DPH and DCFS social workers and nurses. DPH has developed a multi-pronged approach to address childhood obesity prevention in the DCFS system, which includes: (1) professional education of social workers and public health nurses, (2) caregiver education about childhood nutrition resources, and (3) systems change through implementation of the WIC placement packet flyer and procedural guide updates for social workers and public health nurses around nutrition and obesity prevention.

Data Outcomes: Data from the DCFS public health nurse and social worker trainings demonstrate an increase in knowledge on obesity prevention strategies, resources, and referrals.

Lessons Learned: The continued success of the DPH-DCFS yearly trainings demonstrates a need for this focus of education. As a mechanism for sustainability, a yearly webinar hosted by DCFS is being explored to continue this work on an ongoing basis.

Goal #2: Develop local strategies to reduce unhealthy food and beverage marketing to young children and implement at least one of the recommended strategies countywide or in sub-county regions with childhood obesity rates above the county average.

Year 3 Results: ChangeLab Solutions, a technical assistance contractor, completed a report that provides a legal analysis of potential voluntary and regulatory strategies to reduce unhealthy food and beverage marketing to young children ("Marketing to Children White Paper"). The report was released in June 2015 and has been disseminated at the local, state, and national level. Contracted agencies presented the report to their parent collaborative and facilitated a community engagement process to identify a strategy and environment in which to pursue changes around unhealthy marketing to children.

During this time, a Field Poll survey was conducted among Los Angeles County registered voters with children ages 0-5 to assess attitudes, knowledge, and behaviors regarding obesity and the marketing of foods and beverages. Field poll survey results were used by contracted agencies to develop fact sheets to educate and inform parents, community stakeholders, policymakers about community concerns and support for various policies around reducing unhealthy food and beverage marketing to children.

Data Outcomes: Field poll survey results showed that the majority of respondents believed childhood obesity was a significant issue which was influenced primarily by environmental factors. A majority of respondents also felt that obesity prevention efforts should involve the community in addition to parents, including health care providers and schools.

Lessons Learned: There is considerable local, state, and national interest around unhealthy marketing to young children. DPH's work can contribute to and leverage other county and state efforts around this growing issue.

Goal #3: Provide nutrition education and skills-building to parents and other care providers of children ages 0-5 in at least 40 grocery stores or markets, including

grocery stores or markets located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average.

Year 3 Results: As noted above, contracted agencies have completed numerous trainings, including a booster training on conducting grocery store tours and in-store food demonstrations. Contracted agencies conducted community outreach to recruit grocery store participants at multiple types of community venues. The grocery store brochure developed in Year 2, in conjunction with the Nutrition and Physical Activity Program, continues to be used as a resource during tours.

Data Outcomes: A total of 295 grocery store tours and 671 food demonstrations were conducted over the course of the year, both numbers exceeding the target goal. Contracted agencies tailored grocery store tours to the needs of their constituent parents, and one agency offered a concurrent age-appropriate grocery store tour for preschool-aged children as their parents learned how to read nutrition labels and identify healthier choices. A formal lesson plan aligned to statewide preschool learning objectives was developed for dissemination.

Lessons Learned: Individual education can play a critical role in larger initiatives seeking to make changes at broader levels, such as through systems and environmental level change.

Goal #4: Implement at least three countywide media and targeted social marketing campaigns aimed at families and caregivers of children ages 0-5 that include tailored and culturally appropriate messages promoting specific nutrition and physical activity-related behaviors (e.g. increased fruit and vegetable consumption, reduced sugary beverage consumption and reduced screen time) among children ages 0-5.

Year 3 Results: DPH contracted with a media firm in April 2015, in part to facilitate the implementation of three countywide campaigns over the course of two years. By the end of June 2015, a communications plan was drafted, focus groups were conducted to inform the creative development process for the first campaign, *Choose Water*, and social media messages were developed and launched.

Data Outcomes: The *Choose Water* campaign was launched on October 7, 2015 with speakers from DPH (Dr. Paul Simon), First 5 LA Commission (Duane Dennis), the American Heart Association (Dr. Jessica Sims), and two parents participating in CHLA Kids community-based activities. Significant media coverage has occurred, including CBS LA, KCAL 9 News, Los Angeles Times, Los Angeles Daily News, and Southern California Public radio (KPCC), as well as Spanish and Chinese language news media outlets.

Lessons Learned: Messages around drinking less soda, juice drinks and sports drinks, with a supplementary message to drink more water, continue to resonate with communities and media in Los Angeles County.

Goal #5: Outreach and extend support to at least 100 restaurants serving families with young children, including restaurants located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average to promote menu changes that expand healthy children's menu options and/or reduce portion size.

Year 3 Results: The voluntary public recognition program for restaurants (Choose Health LA Restaurants), providing healthy options for children and reduced portion sizes for adults, continued to demonstrate success over the course of the year. Significant outreach to recruit restaurants for the program occurred through the combined efforts of contracted agencies, CHLA Kids staff, as well as through staff support from other CDIP programs. Ongoing technical assistance was provided to restaurants interested in joining the program to assist in the application process and in implementing needed changes in menus and restaurant operations. As the program continues to gain momentum, incentives for restaurants are being explored, such as certificates recognizing participating restaurants and recognition on the ChooseHealthLA.com website administered by CDIP.

Data Outcomes: To date, 38 restaurant brands, both chains and individually-owned restaurants, and over 700 restaurant locations across the county are participating in the program. The program has been recognized nationally and several local public health departments (e.g., Santa Cruz County, California; Clark County, Washington; and Houston, Texas) continue to develop programs modeled after the Choose Health LA Restaurant program.

Lessons Learned: With the addition of two staff in the latter part of Year 3, significant progress in outreach, provision of technical assistance services, and implementation of the program in restaurants occurred within several months of hiring.

Goal #6: Implement obesity prevention protocols for children ages 0-5 that include routine body mass index measurement and tracking, nutrition and physical activity education, and more intensive case management for overweight, obese, or other at-risk children in at least 30 public or community clinic locations in the county.

Year 3 Results: Using clinical guidelines and other best practices in clinics for tracking body mass index in young children and managing those identified as overweight, obese, or otherwise at-risk, DPH provided ongoing technical assistance, with over 100 trainings at the 30 clinic sites recruited to implement obesity prevention protocols. Tailored assistance included training in motivational interviewing techniques and other targeted education efforts to improve clinical pathways in the clinic setting. In addition, participating clinics received community resources guides developed by the Choose Health LA Kids contracted agencies for their at-risk children and their families.

Data Outcomes: Data sharing agreements with two clinic systems have been established in order to implement and evaluate these efforts through medical chart reviews, key informant interviews among clinic staff, and observations within the clinic setting. Evaluation results will be included in next year's update.

Lessons Learned: Successful implementation of the recommended protocols resulted from the confluence of multiple elements, including strong support from clinic leadership (e.g., the medical and nursing directors and lead administrators), a clinic champion to spearhead efforts within the clinic setting, a demonstrated readiness for change of current clinic protocols, parent incentives to help maintain engagement, and a deep understanding of the capacity of clinic staff. This has necessitated sustained outreach and technical assistance and a focus on incremental change in the clinics.

Goal #7: Implement protocols to improve nutrition and increase opportunities for physical activity in at least 4,500 licensed and 3,600 licensed-exempt child care providers in the county.

Year 3 Results: To date, nearly 4,000 child care providers, comprised of approximately 59% center-based, 26% family child care and 9% license-exempt providers, received training in workshops on how to implement policy, procedures, and practices to promote increased physical activity and improved nutrition in their facilities. Over 1,400 providers received follow-up visits involving tailored technical assistance in the form of coaching at their facilities. In addition, this year over 13,000 child care providers and parents/guardians received nutrition and physical activity information and over 7,500 parents/guardians were reached through health fairs and other events.

Data Outcomes: Results from training and coaching satisfaction surveys showed providers are extremely satisfied with both the training and technical assistance provided. Over 66% of coaching participants reported a need for more resources to make healthy changes at their child care site. Results from pre- and post-test policy and practices surveys with participating child care providers showed areas where the highest impact has been made thus far. As a result of these trainings and coaching sessions, providers are sharing written nutrition policies with parents, celebrating special occasions and holidays with healthier foods, making healthy changes to the food served at child care facilities, and increasing physical activity opportunities for the children under their care. Knowledge of nutrition and physical activity topics, and individual attitudes and readiness to change policies and practices at respective facilities significantly increased as well. Observational assessments at child care sites and focus groups with providers in the next year are expected to provide additional data and insight into the successes and challenges in implementing and sustaining organizational level change.

Lessons Learned: License-exempt providers, who tend to be comprised of neighbors and family members watching young children, continue to be difficult to reach as they do not generally consider themselves child care providers and infrequently have the time to seek out and attend trainings. Strategies to engage in more effective outreach, such as through tailoring recruitment flyers, training materials and the curriculum to better match their needs, have shown some success in reaching this population. DPH plans to explore opportunities for partnerships with First 5 LA Best Start communities to reach more license-exempt providers.

Goal #8: Develop and implement an online weight management toolkit for postpartum women in Los Angeles County; provide in-person and online recorded training to at least 80 community-based agencies that serve postpartum women on how to incorporate the toolkit into their organization; and promote the toolkit through the distribution of printed materials, social media, partner organizations, and an online platform.

Year 3 Results: DPH conducted 22 focus groups with 194 women to help inform the development of the CHLA Moms core curriculum, comprised of breastfeeding, physical activity, and water, and its resources in English and Spanish. In addition to the core curriculum, modules on the social determinants of health were developed based on expressed need for education around such topics as contraception, mental health, and housing. Subsequent "Beta testing"

with 46 participants tested the appropriateness, readability, and efficacy of the developed curriculum. Many of these participants were recruited with the help of community partners. A contract with Voxiva, Inc. for their Text4Baby service was executed this year, and their established text messaging service will be used to drive new moms to the CHLA Moms website, encouraging participation in the program. Through a monthly e-newsletter, over 2,000 individuals were reached, receiving CHLA Moms program messages and related information. Focus groups led by the contracted media firm were held to tailor messaging and aesthetic appeal of the website being developed to house and implement the curriculum countywide. The website and outreach materials were finalized and launched on November 9, 2015.

Data Outcomes: Focus group testing of the curriculum allowed for the tailoring of information and messages based on the identified needs of participants, who represented the demographics of low-income new mothers in Los Angeles County. The Beta test of the curriculum demonstrated participant receptivity to complete the curriculum and highlighted initial successes, such as almost half of participants reaching their pre-pregnancy weight within 3 months postpartum, improvements in successful breastfeeding rates, increased daily exercise and increased water consumption.

Lessons Learned: Preliminary findings demonstrate the need for and potential impact of this unique online weight management curriculum. Data collected after the launch of the website will help evaluate the success of the online curriculum format and delivery, tailored text messages, community-based outreach and recruitment, and paid media advertising in venues frequented by the target population.

Next Steps

DPH continues to work with First 5 LA as a critical part of their collective impact evaluation to assess the impacts of their childhood obesity prevention investments countywide. With the approval of a one-year no-cost extension with First 5 LA, DPH is refining the objectives and evaluations of each of its programs during this final year (July 1, 2016 – June 30, 2017) to ensure the successful completion of all initiative activities. Choose Health LA Kids, Choose Health LA Child Care and Choose Health LA Moms staff presented at numerous conference and workshops this year and plan to develop a number of issue briefs and other papers for dissemination in an effort to share a growing body of best practices and evidence of impact in Los Angeles County.

If you have any questions or need additional information, please let me know.

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